

GROSS LABOR VALUE
\$7.13M

PAYBACK
2.7 mo.

ADDED CAPACITY
10,841/mo

LEAKAGE IMPACT
\$13.61M

FUTURE HOURS
1.00

CYCLE TIME
5.8d

DIGITAL INTAKE

DECIDE

ROUTE EXCEPTIONS

REALIZE

Xcelerate
Innovation
EXECUTIVE DECISION
SYSTEMS

DECISION PRINCIPLE

Claims automation matters only when the enterprise can trace what changed and where the value went.

EXECUTIVE READOUT

Ranked claims operating-control moves

The simulator recalculates recommendations from the evidence and assumptions entered, then records the rationale, evidence confidence, and condition that should trigger reconsideration.

INSURANCE CLAIMS DECISION SIMULATOR

From claims automation to earnings: making the realization path visible before investment scales

An auditable executive simulator for testing labor efficiency, cycle time, capacity, leakage, platform investment, and value-realization choices across property and casualty or health-payer claims operations.

At a glance

The engine starts with the operating baseline - claim volume, staff, hours per claim, cycle time, paid amount, leakage, platform cost, change cost, and evidence maturity - and recalculates the economic consequence as assumptions change.

It separates Conservative, Likely, and Stretch operating scenarios; ranks claims interventions by value and control fit; and forces a second question after automation: will the released value become cost removal, avoided hiring, growth capacity, service improvement, leakage reduction, or some combination?

DESIGN PRINCIPLE

“Automation creates potential value. Finance and operations must define the path by which that value becomes an enterprise result.”

DECISION LOGIC REMAINS INSPECTABLE

THE EXECUTIVE PROBLEM

Claims value can disappear between a faster workflow and the income statement.

Automation can reduce touch time and cycle time while expense, staffing, loss leakage, customer service, or capacity remain largely unchanged. Faster processing alone is not proof of realization.

The simulator therefore keeps labor value, retained-capacity value, leakage reduction, platform cost, change cost, and growth contribution distinct. It explicitly warns against adding overlapping benefits unless Finance confirms they are non-overlapping.

The operating-control question is equally important: which work can move straight through, which claims require specialists, what evidence is sufficient, where do exceptions route, and what condition should stop or redirect the investment?

The product is designed to answer both sides of the business case: “What can the automation change?” and “What must the operating model do for that change to reach earnings?”

EXECUTIVE DECISION PATH

Follow the claims value path from work to realization

- 1

Define the claims baseline

Set volume, staffing, touch time, cycle time, paid amount, leakage, platform cost, change cost, and evidence maturity.
- 2

Compare operating scenarios

Test Conservative, Likely (Blended), and targeted Stretch performance rather than building the case on a single upside assumption.
- 3

Rank the interventions

Compare coverage verification, digital FNOL, fraud routing, valuation, document automation, orchestration, and realization governance.
- 4

Separate the value paths

Keep labor, retained capacity, growth, service, and leakage effects distinct until attribution is proven.
- 5

Approve the controls with the value

Name the accountable owner, exception path, evidence threshold, measurement cadence, and revisit trigger before scaling.

Intake and evidence > controlled decisioning > exception-based handling > finance-owned value realization.

ANNUAL GROSS LABOR

\$7.13M

PLATFORM PAYBACK

2.7 mo.

ADDITIONAL CAPACITY

10,841

LEAKAGE IMPACT

\$13.61M

At the embedded defaults, the model also indicates about 119 FTE required at the selected efficiency versus 191 in scope - roughly 72 FTE of theoretical capacity. Actual workforce action requires HR, legal, service, and change planning.

THE SOLUTION

An auditable operating-control business case for claims transformation

The model converts changes in hours per claim and cycle time into labor economics and retained-capacity potential, then separately models paid-loss leakage and growth contribution. Platform and maintenance costs are explicit rather than buried in the benefit estimate.

The Likely scenario uses 1.00 hour per claim and 5.8 days cycle time against the embedded baseline of 1.60 hours and 10 days. Conservative and Stretch scenarios let executives test downside and segmented upside without assuming the whole book can operate at the same level of straight-through processing.

Realization rule: labor savings, capacity value, and leakage reduction should not be added together unless Finance validates that the benefits are non-overlapping and realizable.

WHAT THE ENGINE PRODUCES

A business case with operating controls underneath the math

- **Labor economics:** annual gross labor value and platform-only payback net of maintenance.
- **Capacity:** additional monthly claim capacity if current staffing is retained.
- **Leakage:** modeled change in paid-loss leakage based on entered paid amount and leakage assumptions.
- **Workforce implication:** FTE required at the selected efficiency and theoretical capacity released.
- **Ranked moves:** coverage verification, digital FNOL, fraud/anomaly routing, automated valuation, document extraction, and orchestration.
- **Scenario comparison:** hours, cycle time, cost per claim, capacity, annual labor value, and intended planning use.
- **Decision intelligence:** evidence confidence, scenario paths, enterprise-control heatmap, public precedents, decision record, and revisit trigger.

Illustrative values above are produced from the simulator's embedded default assumptions. They are not a forecast, client result, or approved benefit schedule.

ILLUSTRATIVE SCENARIO MOVEMENT

1.60

Baseline hours

1.00

Likely hours

10d

Baseline cycle

5.8d

Likely cycle

WHY THIS IS DIFFERENT

The model refuses to confuse automation with realized value

Benefits stay separated

Cost removal, avoided hiring, growth capacity, service improvement, and leakage reduction are different realization paths with different owners and proof standards.

Simple and complex claims are treated differently

The decision architecture supports straight-through handling for eligible routine claims while preserving specialist review for ambiguity, risk, fraud, and exceptions.

Evidence is explicit

Client operating facts, external benchmarks, public decision precedents, and Xcelerate assumptions are kept distinguishable.

Controls are part of the investment case

Human oversight, exception paths, thresholds, SLAs, ownership, and instrumentation are treated as conditions for scale - not implementation details.

Revisit triggers are built in

Leadership sees what evidence would cause a different lever or scenario to rank first.

CONTROL RULE

Automate routine; route exceptions

The simulator pairs the financial case with an operating-control principle: digitize the simple path, preserve human access for ambiguity and risk, and scale autonomy only after exception performance and attribution are proven.

EXECUTIVE IMPACT

Make the same claims transformation legible to every decision-maker

CEO

Which move produces the greatest strategic and earnings impact without destabilizing customer or claims execution?

CFO

Which modeled value is cash-realizable, what overlaps, what is the payback, and who owns conversion into earnings?

COO

Where is the claim waiting, being reworked, or being reviewed unnecessarily - and which control should change first?

Board

What is management proposing to automate, what downside is contained, and what evidence supports expansion?

A claims business case that does not stop at “hours saved” - it follows the operating change into control, attribution, and realized value.

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